

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 585050

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2						
3						
4						
5						
6						
7						
8			1			
9				1		
10					1	
11						1
12						
13						
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16						
17			1			
18					1	
19						1
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24						
25			1			
26					1	
27						1
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29						
30			3			
31			3			
32			3			
33			3			
34			1			
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50						
TOTAL IND.			6			
TOTAL DEP.			38			
TOTAL CLAIMS			44			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						